



**Applicant Information – You MUST PRESENT THIS FORM TO BE FINGERPRINTED. NO EXCEPTIONS WILL BE ALLOWED.**

VARIATIONS OF THIS FORM WILL NOT BE ACCEPTED. UPON COMPLETION OF THE FINGERPRINTING PROCESS, A PCN NUMBER WILL BE RECORDED IN THE DESIGNATED BOX AND THIS FORM WILL SERVE AS CONFIRMATION OF FINGERPRINTING. VALID PHOTO IDENTIFICATION MUST BE PRESENTED AT THE TIME OF FINGERPRINTING AND MUST HAVE A VALID EXPIRATION DATE. EXPIRED NEW JERSEY PHOTO DRIVER LICENSE WILL BE ACCEPTED IN COMBINATION WITH CURRENT NON-PHOTO LICENSE. NO OTHER EXPIRED IDENTIFICATION WILL BE ACCEPTED. PLEASE SEE BOX BELOW FOR DETAILS RELATED TO OTHER FORMS OF ACCEPTABLE ID.

Effective July 28, 2003, if you are being printed for an agency that requires you to pay for fingerprint services, payment will be required at the time of scheduling if you are paying by check or credit card. Your account will be charged at the time you schedule. Appointments must be canceled by noon on the business day prior to your scheduled time (Saturday noon for Monday appointments). If you fail to make the required notification, you will forfeit the \$14 portion of your fingerprint fees that is payable to the vendor. State and Federal search fees will be refunded. State agencies are notified of all no shows.

Payment by money order at the site will be accepted for applicants scheduling via the call center only. Money order payment must be indicated at the time of scheduling. No other form of payment will be accepted at the fingerprint site.

Scheduling is available via the call center at (877) 503-5981 (toll free), Monday through Saturday between 8:00 AM and 5:00 PM. Hearing impaired scheduling is available at (800) 673-0353. English and Spanish operators are available. Web based scheduling is available at [www.bioapplicant.com/nj](http://www.bioapplicant.com/nj) (effective August 1, 2003).

Your applicant ID number, date, time of appointment and payment confirmation will be confirmed by the call center. Please record this information in the appropriate blocks while speaking with the operator. Your PCN number will be recorded when your fingerprinting has been completed. Retain this form as proof of fingerprinting. No receipts will be provided after the date of printing.

|                                 |                             |
|---------------------------------|-----------------------------|
| <b>Date/Time of Appointment</b> | <b>Applicant Id Number</b>  |
| <b>PCN</b>                      | <b>Payment Confirmation</b> |

|   |  |  |             |   |  |  |                                    |                   |  |
|---|--|--|-------------|---|--|--|------------------------------------|-------------------|--|
| <b>(1) First Name</b>   |  | <b>(2) Middle Initial</b>  |             | <b>(3) Last Name</b>  |  |  |                                    |                   |  |
| <b>(4) Daytime Telephone Number</b><br>( ) -  |  | <b>(5) Social Security Number</b>  |             | <b>(6) Date of Birth</b>  |  | <b>(7) Height</b>  |                                    | <b>(8) Weight</b> |  |
| <b>(9) Maiden Name (if married female)</b>  |  |  |             | <b>(10) Place of Birth (State for US Citizens – Country for all others)</b> |  |  | <b>(11) Country of Citizenship</b> |                   |  |
| <b>(12) Home Address</b>  |  |  |             |   |  |  |                                    |                   |  |
| <b>Address</b>  |  |  | <b>City</b> |   |  | <b>State</b>   |                                    | <b>Zip</b>        |  |
| <b>(13) Gender (select one)</b><br>Male    Female    Both   |  | <b>(14) Hair Color</b><br>(indicate most predominant color if more than one) |             | <b>(15) Eye Color</b>   |  | <b>(16) Race (select one)</b><br>A Asian/Pacific Islander (Includes Asian Indian)<br>B Black<br>I American Indian/Alaska Native<br>W White (Includes Hispanic/Spanish origin)<br>U Unknown |                                    |                   |  |
| <b>(17) Occupation (Circle One)</b><br>Security Guard/Investigator/Qualifier/Officer/Clerical<br>NOTE: Items 19-25 to be completed by employer or agency.   |  |  |             |   | <b>(18) Employer Name and Address</b>  |  |                                    |                   |  |
| <b>(19) Statute Number</b> <b>45:19-12-16</b>   |  |  |             |   | <b>(20) Reason for Fingerprinting (Circle One)</b><br><b>Private Detective Employment/Licensing</b>      |  |                                    |                   |  |
| <b>(21) Originating Agency Number (ORI#)</b><br><b>NJNSPA020</b>  |  |  |             |   | <b>(22) Contributor's Case Number (Agency Unique Identifier)</b><br><b>Agency License Number # _____</b> |  |                                    |                   |  |
| <b>(23) Category</b> <b>PDK</b>   |  |  |             |   | <b>(24) Document Type</b><br><b>RB1</b>  |  |                                    |                   |  |
| <b>ACCEPTABLE ID: IDENTIFICATION MUST BE ISSUED BY FEDERAL, STATE, COUNTY OR MUNICIPAL ENTITY FOR IDENTIFICATION PURPOSES AND MUST INCLUDE PHOTO, NAME, ADDRESS (HOME OR EMPLOYMENT) AND DATE OF BIRTH. EXAMPLES OF ACCEPTABLE IDENTIFICATION INCLUDE 1) PHOTO DRIVER'S LICENSE OR PHOTO ID ISSUED BY DMV, 2) PASSPORT OR IMMIGRATION ID, 3) FEDERAL, STATE, COUNTY OR MUNICIPAL EMPLOYMENT ID.</b> |  |  |             |   | <b>(25) Payment Information</b><br><b>Amount Due \$73.00</b>   |  |                                    |                   |  |

